

A COPY OF THIS APPROVED PERMIT MUST ACCOMPANY EACH TRUCK/SHIPMENT

**DEPARTMENT OF AGRICULTURE
DIVISION OF ANIMAL INDUSTRY**

REQUEST FOR COMMUTER PERMIT

BRAND INSPECTION REQUIRED WITH THIS PERMIT

Permission is hereby requested for pasture to pasture movement of the following described cattle into the state of _____.

Number of adult females _____ Number of adult bulls _____ Number of steers _____

Number of calves _____ Number of heifers _____ Total _____

ARE FEMALES OFFICIAL BRUCELLOSIS CALFHOOD VACCINATES? YES _____ NO _____

If female cattle are not all vaccinated for brucellosis, what per cent do you estimate are vaccinated? _____

BRAND AND LOCATION _____

ACCURATE DESCRIPTION OF LOCATION, MAILING ADDRESS, AND TELEPHONE NUMBER OF RESPONSIBLE PARTY REQUIRED

CATTLE ORIGINATE FROM:

DESTINATION OF CATTLE:

(Name of Ranch)

(Name of Ranch)

(Location)

(Location)

(Mailing Address)

(Mailing Address)

(City, State & Zip Code)

(City, State & Zip Code)

(Name of Owner or Manager)

(Name of Owner or Manager)

(Area Code & Telephone Number)

(Area Code & Telephone Number)

TIME PERIOD PASTURE TO PASTURE PERMIT IS REQUESTED:

FROM: _____

TO: _____

THIS PERMIT IS VALID FOR ONE PASTURE TO PASTURE MOVEMENT ONLY AND IS RESTRICTED TO THE CATTLE, TIME PERIOD, AND PREMISES DESCRIBED.

THERE IS TO BE NO DIVERSION OF CATTLE FROM THE ABOVE DESCRIBED PREMISES. THE ONLY MOVEMENT PERMITTED IS FOR THESE CATTLE TO RETURN TO THE STATE OF ORIGIN.

How many years have you been moving your cattle pasture to pasture from and to the described premises? _____

Are these premises fenced? _____ Method of movement: Truck _____ Trailing _____

Will your cattle be co-mingling with anyone else's cattle? _____

When were your cattle last tested for brucellosis? _____

Veterinarian ordinarily doing your work? _____ Telephone _____

This is to certify that the cattle to graze are from an established breeding herd and have not been assembled within the past six months. I further certify that any purchased additions to this herd have been tested negative for brucellosis prior to entry into the herd. NO TRADER CATTLE PERMITTED. I also agree to have a change of ownership brucellosis test of test eligible cattle and also brand inspection performed at my expense if cattle are sold into Nevada.

Signature of Owner/Applicant

Date

THIS PERMIT MUST BE RENEWED ANNUALLY. REQUEST SHOULD BE SUBMITTED FOR APPROVAL AT LEAST 15 DAYS PRIOR TO ANTICIPATED MOVEMENT. A COPY OF THIS APPROVED PERMIT MUST ACCOMPANY EACH TRUCK/SHIPMENT.

This completed form, with approval by the State Veterinarian of the state of origin/destination, will constitute state permission for the pasturing and return of described cattle to the state of origin. A copy of the completed form will be forwarded to the owner/applicant.

OWNER, please return this form to:

Nevada Department of Agriculture
Division of Animal Industry
350 Capitol Hill Avenue
Reno, Nevada 89502-2923
Phone: 775-688-1182 EXT. 230 Fax: 775-688-1178

PLEASE NOTE - THIS IS NOT A BRAND PASTURE TO PASTURE PERMIT AND MAY NOT BE USED AS SAME

OFFICE USE ONLY

Official - State of Origin:

I recommend that a permit be granted _____

I do not recommend that a permit be granted _____

Date: _____

Signature

Title

Official - State of Destination:

I hereby approve your application for the movement of the cattle as specified upon the recommendation of your State Veterinarian or his representative.

PERMIT # _____

Signature

Title

PERMISSION FOR WORKING HORSES: If working horses are accompanying the above described cattle they may ____ may not ____ move on this permit without a health certificate and/or Coggins test.